



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)
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Before & After Issue

Information and communication technology (ICT) represents an enormous opportunity to introduce significant and lasting positive change across the developing world. The rapid penetration of mobile access in particular has resulted in considerable improvements in the lives of the poor in both rural and urban contexts. All evidence suggests that this trend is going to continue, as the availability expands and the cost of access continues to decline. The changes and new possibilities that ICT offers span most areas of international development and are facilitated by the breathtaking pace of penetration and uptake of mobile telephony and broadband Internet. This is supporting many new possibilities, products, and services; providing breakthrough ideas in agriculture, health, education, and access to finance; and helping local and international trade. It also provides new breakthrough ways of communicating and lobbying, which transcends international borders, as shown by the role of mobile phones and the Internet in the waves of revolution that spread across Northern Africa in 2011.

With this growing momentum, international non-governmental organizations (INGOs) are, in theory, well positioned to influence how effectively and quickly ICT is utilized for the benefit of the poor. Through their field programs and local partners, INGOs have a deep understanding and a close working relationship with the poor on the ground, with local communities, with local district and national government bodies, and increasingly, with the business community. Through their international program teams, INGOs also have the potential to test, share, and develop ideas and new approaches, allowing them to build on successes and avoid repeated pitfalls. However, the experience to date in terms of the use of ICT for development programs supported by INGOs is not encouraging. Progress has been ad hoc, with many small initiatives or pilots but few sustainable, large-scale examples. Arguably, many INGOs are not well equipped to support and nurture the effective exploitation of ICT for the benefit of the poor.

In the **health sector**, there are numerous examples of the application of ICT development to help health professionals and also directly help patients. For health professionals, opportunities exist in the area of detailed data capture and analysis, which usually requires computer-based, fairly sophisticated ICT solutions. For patients ICT health solutions usually make use of mobile phones and thus are referred to as m-Health (mobile health). Examples include simple one-way communications, such as reminding HIV/AIDS patients to take their medication, through to more advanced solutions, such as the use of mobile phones with video functionality to record and send footage of patients taking medications.

Over the past couple of years, the number of examples of ICT being applied in health programs has increased significantly. In 2008, there were over a dozen new m-Health applications being implemented or trialed. The formation of the m-Health Alliance in 2009 through the joint efforts of the UN Foundation signaled serious intent to approach ICT in health in a more integrated way. This is quite important given the evidence that scale and sustainability are key elements in successfully transitioning from pilot to long-term, life-changing solutions.

The Women's Health and Education Center (WHEC) and our initiative ***WomensHealthSection.com***, a unique collaboration of various research and educational healthcare facilities are working together in this area to develop a global health platform – *WHEC Global Health Line*. This platform provides a standard way to gather data and share information. Achieving scale and sustainability, particularly relevant to health sector, is something we strive to attain. Our e-Learning initiative is for multiple purposes: to improve general health literacy, improve skills and knowledge of health care providers of all levels and improve the standard of health-care.

A Wave of Tremendous Opportunity

Rita Luthra, MD

2015 ECOSOC High-Level Segment (HLS)



The theme for the 2015 session of the Economic and Social Council is “Managing the transition from the Millennium Development Goals to the sustainable development goals: what it will take”.

The HLS will be held from 6 July to 10 July 2015 at the United Nations Headquarters in New York. This is a unique opportunity for organizations in consultative status with ECOSOC - and for civil society at large - to be heard at ECOSOC deliberations, as well as to contribute to issues of critical concern to the global development agenda. It will also provide a platform to specifically address the transition to an ambitious, integrated, coherent, universal post-2015 development agenda through analysis and elaboration in terms of goals, policy choices, institutional adjustments and the assignment of roles and responsibilities among all partners.

The HLS will include the three-day ministerial meeting of the high-level political forum on sustainable development (HLPF), convened under the auspices of the Council, and the annual ministerial review. The theme of the 2015 HLPF “Strengthening integration, implementation and review - the HLPF after 2015” will provide an opportunity to advance the reflection on the elaboration of the overall framework to review and monitor progress on the post-2015 development agenda with the HLPF at its core.

Details: <http://www.un.org/en/ecosoc/amr/index.shtml>

It is indeed my pleasure to submit to you the **UN Document E/2015/NGO/2**

[Statement to the UN Economic and Social Council - E/2015/NGO/2](#)

<http://www.womenshealthsection.com/content/documents/UN-Economic-and-Social-Council-Statement-E-2015-NGO-2.pdf>

Our Post-2015 agenda has been accepted and published by Economic and Social Council (ECOSOC) in all six UN languages – a sustainable and essential development. It is indeed a pleasure and privilege to work with the United Nations (UN) and World Health Organization (WHO) to promote maternal and child health. I am presenting this at the UN on July 8th, 2015, at ECOSOC High Level Segment.

Join our efforts....we welcome everyone.

May be time has come for the *Intelligent Internet*

Your Questions, Our Reply

Are ICT and related trends perceived as disruptive technologies for International NGOs (INGOs)? Can INGOs evolve and adapt to remain center stage in the war against poverty or universal health access, if they are unable to respond to disruptive technologies?

Sustaining Technology versus Disruptive Technology: What all sustaining technologies have in common is that they improve the performance of established products, along the dimensions of performance that mainstream customers in major markets have historically valued. More technological advances in a given industry are sustaining in character. Occasionally, however, disruptive technologies emerge: innovations that result in worse product performance, at least in the near-term. Ironically, in each of the instances studied, it was disruptive technology that precipitated the leading firms' failure.

First, disruptive products are simpler and cheaper; they generally promise lower margins, not greater profits. Second, disruptive technologies typically are first commercialized in emerging or insignificant

markets. And third, leading firms' most profitable customers generally don't want, and indeed initially can't use, products based on disruptive technologies.

Many incumbent INGOs are not well equipped to be able to support and nurture the effective exploitation of ICT for the benefit of development. They simply do not have the skills, knowledge, and expertise at either an individual level or an organizational level, and they don't have the reach to adequately scale and support ICT solutions once they are implemented.

INGOs have strong ongoing momentum in terms of their current structures, staffing, and ways of operating. It is relatively easy to utilize ICT to sustain and improve the current INGO organizational construct and approaches, making useful but incremental progress. It is incredibly difficult to be able to conceive of new ways of working that are fundamentally different from the status quo, with different ideas around approach, strategy, competence, skills, and organizational models. Bridging the gap between INGO informational technology (IT) staff and program staff is a big challenge for many organizations.

In summary, we can observe that many of the characteristics and barriers indicated above do resonate loud and clear and also link very closely with the challenges set out in the introduction this issue. We believe there is a raft of opportunities presented by new ICT possibilities. Some of these provide incremental improvements and effectiveness either to existing programs or to improve the performance of INGOs. We recommend two broad recommendations:

1. Embrace the possibilities and strengthen your organization to embrace sustaining technologies;
2. Be ready and willing to recognize disruptive technologies for what they are.

Finally, we acknowledge that ICT programs can and do go wrong, and it is an even greater failure to not reflect and learn from your experiences.

United Nations At A Glance

Brazil and the United Nations



Brazil; a founding member of the United Nations, has historically held the importance of multilateralism at the center of its foreign policy. As we increase our participation at the UN, we have also deepened our debate with the public and with other diplomatic representations.

To assist in that aim, we have collected on this website our main statements at UN Headquarters, contact information for our staff, as well as other pages and links on Brazilian foreign policy, history, society and culture. The website is continually updated with new information and is intended to be a valuable tool for understanding Brazil's positions on the main topics of the multilateral agenda.

Brazil's actions on the international stage over the last eight years, was driven by a sense of solidarity, he said, and it was possible to have a humanist foreign policy without losing sight of national interest. That policy was supported by the South-South cooperation. The Poverty Alleviation Fund, created by the IBSA forum, which brought together India, Brazil and South Africa, financed projects in Haiti, Guinea, Bissau, Cape Verde, Palestine, Cambodia, Burundi, Lao People's Democratic Republic and Sierra Leone. The country had also substantially increased its humanitarian aid.

Africa, he continued, occupied a special place in Brazilian diplomacy. Since President Lula da Silva had taken office, he had made 11 visits to some 20 African countries. Brazil had set up an agricultural research office in Ghana and a model cotton farm in Mali, among other projects. Through trade and investment, it had also helped Africa reduce its dependency on a few centers of political power. Brazil was also helping Guinea-Bissau address its challenges regarding development and encouraged reforms, especially in regard to the Armed Forces.

Turning to Haiti, Brazil mourned the hundreds of thousands of Haitian people that lost their lives in the devastating earthquake. Many Brazilians also died, such as Dr. Zilda Arns, who dedicated her life to the poor, and Luiz Carlos da Costa, Deputy Head of the United Nations Stabilization Mission in Haiti (MINUSTAH), in addition to 18 peacekeepers. Regarding Brazil's commitments to Haiti, he said: "We are keeping our promises and will keep a watchful eye."

In recent years, the Government had also invested heavily in integration and peace in South America. It had strengthened its strategic partnership with Argentina, and reinforced the Southern Common Market (MERCOSUR), with unique financial mechanisms among developing countries. He said the establishment of the Union of South American Nations aimed to consolidate a genuine zone of peace and prosperity. With the Community of the Latin American and Caribbean States, launched in Bahia and confirmed in Cancun, reaffirmed the region's willingness to extend the region the ideals that were priorities for South Americans.

Brazil had restated its condemnation of the illegitimate embargo against Cuba and had condemned the coup d' état in Honduras. He expressed hope that the world had learned a lesson from the invasion of Iraq, that "blind faith in intelligence reports tailored to justify political goals must be rejected". Nevertheless, achieving a secure world required the promise of total elimination of nuclear weapons. As the world recovered from the financial and economic crisis, he said the Doha Development Round of world trade negotiations demonstrated that the world had not demonstrated the necessary commitment to global economic stability; instead they are dictated by "parochial interests".

Details: <http://www.un.int/brazil/>

Collaboration with World Health Organization (WHO)

WHO | Brazil



With a total area of 8.5 million km², the Federative Republic of Brazil is formed by 26 States, the Federal District, and 5,560 Municipalities. Each level has unique and shared responsibilities, and political, fiscal, and administrative autonomy. The government system has three branches: the Executive, the Legislative, and the Judiciary. The Brazilian population in 2011 was 196,655,000 inhabitants, with 2,938,214 births, corresponding to a crude birth rate of 15.20 per 1,000 inhabitants. It represents a decrease of around 400 thousand births compared to 2005. The Brazilian Gross

Domestic Product (GDP) per capita in 2012 reached US\$ 12,000.

Health & Development

Health situation: The country is going through a process of epidemiological transition, in which non-communicable diseases and diseases resulting from external causes (especially violence) are increasing in place of infectious and parasitic diseases. The Brazilian health system is formed by a complex network of public and private institutions devoted to providing, financing, and managing health services; surveying, producing, and distributing of resources; human resources training and regulation, legislation and jurisdiction of the system. The Unified Health System (SUS) is responsible for exclusive coverage of 78.8% of the Brazilian population, being the main network of public institutions devoted to the provision, financing, and management of health services. The remaining 21.2% of the population - that are covered by the Supplementary System - also have the right to access the services provided by SUS. Besides, SUS is also responsible for the provision of collective services of health surveillance, disease control and sectoral regulation. Basic care to the population has as principal instrument the Family Health Strategy that, in January 2009, covered 90 million people (49% of the population) in more than 5,000 municipalities, through 29,057 multidisciplinary teams. Access to essential medicines is part of the basic care facilitated through special mechanisms of financing and the so-called "popular pharmacies".

Opportunities

- National health development is helping to support efforts at the three levels of government (union, state, municipal) to reduce inequalities in the health field;
- Support for the political and technical processes needed to ensure the country achieves the Millennium Development Goals (MDGs);
- Recognition of PAHO/WHO response capacity through its technical expertise and technical cooperation in health, working through its programmatic agreements and orientations;
- Ongoing mobilization of extra-budgetary financial resources from national, bilateral, and multilateral sources

Challenges

- Reform of the health sector and creation of the UHS in response to the health movement and health system reforms in different countries;
- Basic concepts of the UHS, such as public participation and complementarity with the supplementary system;
- Ongoing development and current stage of the process of UHS definition and implementation, and its relationship to national development.

Details: <http://www.who.int/countries/bra/en/>

Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 93, Number 7, July, 437-512

Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research) *Expert Series on Health Economics:*

Africa-Brazil co-operation in social protection

Drivers, lessons and shifts in the engagement of the Brazilian Ministry of Social Development

The Brazilian Ministry of Social Development's co-operation with sub-Saharan Africa has shifted from an initial engagement in cash transfers to a recent engagement in food and nutritional security. This paper aims at understanding the main drivers for such shift considering lessons drawn from first initiatives and from growing involvement in South-South Development Co-operation, as well as changes in the mobilization of domestic coalitions in Brazil. By doing so this paper aims at contributing to the international debate on the effectiveness of South-South Development Co-operation, unpacking challenges and opportunities faced by developing countries when allocating growing domestic human and financial resources to promote international development.

Concerning official South-South Development Co-operation (SSDC), one of the main lessons drawn from Millennium Development Goals (MDG's) and other Brazilian actors involved in sub-Saharan Africa (SSA) is that merely responding to high decision-making instances does not guarantee sustainable engagement. Implementing capacities need to be considered and built upon relying on strong intra-institutional and inter-institutional alignment. As development is a long-term and multi-faceted process, co-operation needs to be implemented in a coordinated and multi-annual basis. Risking suboptimal engagement due to discordances among Brazilian partners, and disengagement due to political and economic turns, is not desirable.

Besides still being a developing country, Brazil has also experienced low historical levels of internationalization, which hinder not only the existence of sufficient capacities to engage in SSDC, but also a non-conditioned incorporation of international experiences and policies in the domestic realm. Just

like in any other country, policies for development need to be constantly innovating in face of renewed challenges, and international exchanges are crucial. Externalizing domestic disputes does not leave space neither for such innovation to take place nor for recognizing how complex development is and how crucial partnerships among state, society and markets are. Engagement in SSDC, as well as in international forums, will favor Brazilian institutions as long as they are aligned around how important their internationalization is to forward domestic development.

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(Details of the paper can be accessed from the link of UNU-WIDER on CME Page <http://www.womenshealthsection.com/content/cme/>)

United Nations Girls' Education Initiative (UNGEI)

*The Effort to Advance the Global Strategy
(Continued)*

Brazil



Background:

With an estimated 170 million inhabitants, Brazil has the largest population in Latin America and ranks sixth in the world. In Brazil, 54 million people live below the poverty line. The child mortality rate has fallen to 29 per 1,000 live births, but remains disproportional to national production capacity and available technology. Maternal mortality continues to be a problem, although its magnitude is unclear due to a lack of consistent data despite 96 per cent of deliveries taking place in hospitals. Pre-natal care is considered to be of low quality and of unequal access to different segments of the population and regions of the country. The fight against HIV/AIDS requires special actions focused on children and youth. With 97 per cent enrolment in primary school, the educational challenge is that of quality: 1.1 million children and adolescents aged 12 to 17 are still unable to read and write; 11 per cent of children are completing eight years of primary school by age 15.

UNICEF helps launch a national alliance for universal access to quality, basic education in Brazil



The 'Commitment' is a national pact that brings together the Brazilian Federal government, the National Organization of Municipal Education Managers (UNDIME), several NGOs, private foundations and institutes, and the United Nations Children's Fund (UNICEF) in Brazil. The national alliance works with an established set of goals and projects that will be monitored year after year until 2022, when Brazil celebrates 200 years of independence.

With a primary education enrolment rate of 98%, Brazil has almost reached MDG 2: universal primary education. However, in the poorest regions, such as the North and Northeast, only 40% of children actually complete their primary schooling. And, in the more developed regions, such as the South and Southeast, this proportion rises to only 70%.

The top priorities in the area of education for UNICEF Brazil are universal access, quality basic education and ensuring that children learn successfully. UNICEF works with partners to achieve these priorities by supporting initiatives such as the 'Commitment', which guarantees children access to school, and also improves the quality of the education and teaching provided.

Nevertheless, in spite of significant progress made over the past few years, today 800,000 Brazilian children aged 7-14 are still out of school. “Of these 800,000 children, 500,000 are afro-descendants”, said Marie-Pierre Poirier. “This reminds us that the challenge of promoting universalization includes the fight against exclusion, including exclusion motivated by racial and ethnic factors.”

Key challenges are to ensure that children’s learning needs are met, and to strengthen educational methodologies which are adapted to their local and cultural reality. In the Brazilian Semi-Arid region, for example, more than 350,000 children aged 10-14 do not attend school, and the pupils often take 11 years to finish the 8 grades of primary school. This is due in part to the lack of curricula and education content that are adapted to the day-to-day reality of the children in the region. The situation is being addressed by: adapting the teaching content and school calendar to their reality; strengthening the capacity of teachers, municipal councils, families and NGOs; providing extra-curricular activities such as sports and culture.

To be continued.....

Top Two-Articles Accessed in June 2015

1. Hereditary Cancer Risk Assessment in Gynecology;
<http://www.womenshealthsection.com/content/gyno/gyno022.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review and the reviewers for helpful suggestions. Funding provided by WHEC Initiative for Global Health in collaboration with its partners.
2. Neurophysiology of The Lower Urinary Tract;
<http://www.womenshealthsection.com/content/urog/urog015.php3>
WHEC Publications. Special thanks to the writers and editors.

From Editor’s Desk

The United Nations and NGOs



Non-governmental organizations (NGOs) have been actively engaged with the United Nations (UN) since its inception in 1945. They work with the United Nations Secretariat, programmes, funds and agencies in various ways, including in consultation with Member States. NGOs contribute to a number of activities including information dissemination, awareness raising, development education, policy advocacy, joint operational projects, participation in intergovernmental processes and in the contribution of services and technical expertise.

Article 71 of the United Nations Charter, which established the Economic and Social Council (ECOSOC), states the following:

The Economic and Social Council may make suitable arrangements for consultation with non-governmental organizations which are concerned with matters within its competence. Such arrangements may be made with international organizations and, where appropriate, with national organizations after consultation with the Member of the United Nations concerned. — United Nations Charter, Chapter X, Article 71

Article 71 of the UN Charter opened the door to provide suitable arrangements for consultation with non-governmental organizations. The consultative relationship with ECOSOC is governed today by ECOSOC resolution 1996/31, which outlines the eligibility requirements for consultative status, rights and obligations of NGOs in consultative status, procedures for the withdrawal or suspension of consultative status, the role and functions of the ECOSOC Committee on NGOs, and the responsibilities of the UN Secretariat in supporting the consultative relationship.

Organize your own event at the United Nations

NGOs frequently have the option of organizing a side event that is related to a main event organized by an ECOSOC functional commission. If you would like to organize a side event, you must contact the organizer of the particular event in the respective ECOSOC functional committee and discuss your idea with them. If selected, you will then be asked to coordinate your event with that office.

For example, during the 55th session of the Commission on the Status of Women in February 2011, the Women's International League for Peace and Freedom (General consultative status, 1948) and the One Voice Movement, in collaboration with UN-Women and the Permanent Mission of Ireland to the UN, organized a panel discussion on "Gender, technology and peace-building: bridging the Israel-Palestine divide". Plan International (Roster status, 1981), together with the United Nations Children's Fund (UNICEF) and the United Nations Girls' Education Initiative (UNGEI), organized a similar event on "Empowering girls: education and technology".

Details: <http://csonet.org/content/documents/Brochure.pdf>

UN System Chart 2015: <http://outreach.un.org/ngorelations/files/2015/06/UN-System-Chart-2015.pdf>

Words of Wisdom

Our greatness lies not so much in being able to remake the world, as in being able to remake ourselves.

– Mohandas Karamchand Gandhi; also known as *Mahatma* (Sanskrit: "high-soul") *Gandhi*
(2 October 1869 – 30 January 1948)

*Monthly newsletter of WHEC designed to keep you informed on
the latest UN and NGO activities*

<http://www.womenshealthsection.com/>

